



STATE OF MONTANA
DEPARTMENT OF LABOR AND INDUSTRY
BUSINESS STANDARDS DIVISION
301 S PARK, 4th FLOOR
PO BOX 200513
HELENA, MONTANA, 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2309

FOR COMPLIANCE USE ONLY

Complaint # _____

Date Received: _____

COMPLAINT AGAINST: _____ LICENSE #: _____
(If Known)

PROFESSION / OCCUPATION TYPE: _____

BUSINESS / FIRM NAME: _____ PHONE #: _____

ADDRESS: _____
Street or PO Box City/State Zip Code

NATURE OF COMPLAINT: Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Attach additional sheet(s), if necessary.

LIST OF WITNESSES AND EVIDENCE:

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

YOUR NAME (complainant): _____ PHONE#: _____

Please Print

YOUR ADDRESS (complainant): _____
Street or PO Box City/State Zip Code

I hereby authorize the licensee to release any and all information to the above-named board or its agents. The facts and matters contained herein are true, accurate and correct to the best of my knowledge.

YOUR SIGNATURE (complainant): _____ DATE: _____

Notary Section

Subscribed and Sworn to before me this _____ day of _____, _____

(Signature of Notary)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

NOTARY SEAL